

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO 09/752227	FILING DATE 12-29-06
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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57	/					
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59		/				
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94						
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96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.	29					
TOTAL CLAIMS	23					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS